

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4518). <h2 style="text-align: center; margin: 10px 0;">FEE TRANSMITTAL</h2> <h3 style="text-align: center; margin: 0 0 10px 0;">For FY 2007</h3>		Complete if Known <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Application Number</td><td>10/748,374-Conf. #8188</td></tr> <tr><td>Filing Date</td><td>December 29, 2003</td></tr> <tr><td>First Named Inventor</td><td>Xing Su</td></tr> <tr><td>Examiner Name</td><td>K. D. Salmon</td></tr> <tr><td>Art Unit</td><td>1634</td></tr> <tr><td>Attorney Docket No.</td><td>21058/0206460-US0</td></tr> </table>		Application Number	10/748,374-Conf. #8188	Filing Date	December 29, 2003	First Named Inventor	Xing Su	Examiner Name	K. D. Salmon	Art Unit	1634	Attorney Docket No.	21058/0206460-US0
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Filing Date	December 29, 2003														
First Named Inventor	Xing Su														
Examiner Name	K. D. Salmon														
Art Unit	1634														
Attorney Docket No.	21058/0206460-US0														
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TOTAL AMOUNT OF PAYMENT</td> <td style="width: 10%;">(\$)</td> <td style="width: 10%; text-align: right;">790.00</td> <td style="width: 50%;"></td> </tr> </table>		TOTAL AMOUNT OF PAYMENT	(\$)	790.00									
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METHOD OF PAYMENT (check all that apply)			
<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____			
<input type="checkbox"/> Deposit Account	Deposit Account Number 04-0100	Deposit Account Name: Darby & Darby P.C.	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)			
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
	FILING FEES		SEARCH FEES		EXAMINATION FEES				
	Small Entity		Small Entity		Small Entity				
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)			
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
							Fees Paid (\$)		
2. EXCESS CLAIM FEES									
							Small Entity		
Fee Description							Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)							50	25	
Each independent claim over 3 (including Reissues)							200	100	
Multiple dependent claims							360	180	
Total Claims									
32 - = x							0.00		
HP = highest number of total claims paid for, if greater than 20									
Indep. Claims									
3 - = x							0.00		
HP = highest number of independent claims paid for, if greater than 3									
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee (\$)		Fees Paid (\$)	
- 100 =		/50 =		(round up to a whole number) x		=			
4. OTHER FEE(S)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...							790.00		

SUBMITTED BY			
Signature	/Raj S. Davé/	Registration No (Attorney/Agent)	42,465
Telephone		(212) 527-7700	
Name (Print/Type)	Raj S. Davé	Date	June 4, 2007